

APPLICATION

This form **MUST** be completed and filed at the Planning Department, Tenth Floor, City Hall, 455 N. Main St., Wichita, KS, 67202 in accordance with directions on the accompanying instruction sheet. **AN INCOMPLETE APPLICATION CANNOT BE ACCEPTED.** Check the appropriate box below for type of application being submitted. A separate application form and filing fee is required for each application. A preapplication conference with the planning staff is recommended before filing this application.

SECTION I

This property is located within: Wichita Sedgwick County (unincorporated)

Metropolitan Area Planning Commission:

Zone Change: From zoning district: to

Planned Unit Development: Approval Amendment to PUD Adjustment to PUD

Community Unit Plan: Approval Amendment to CUP Adjustment to CUP

Protective Overlay: Approval Amendment to PO Adjustment to PO

Conditional Use: To allow: zone district:
Adjustment to approved site plan. CU No.

Vacation of: zone district:
(Use a separate sheet for legal description, if necessary.)

Administrative Permit: To allow: zone district:

Board of Zoning Appeals:

Variance: To allow: zone district:

Appeal of: zone district:

Zoning Adjustment: To allow: zone district:

SECTION II

1. The application area is legally described as Lot(s) ; Block(s) ,
Addition, (Wichita) Sedgwick County, KS. If appropriate, a metes and bounds
description may be attached.

2. The application area contains acres.

3. This property is located at (address) which is generally located
at (relation to nearest streets)

4. We file this request for the following reasons:

5. County control number:

6. The names of the owners of all property included in this application MUST be listed as applicants. Contract purchasers, lessees or others directly associated with the property may also be listed if they desire to be advised of the proceedings. (Use a separate sheet for additional applicants if needed.)

A.	APPLICANT ADDRESS	PHONE ZIP CODE
	AGENT ADDRESS	PHONE ZIP CODE
B.	APPLICANT ADDRESS	PHONE ZIP CODE
	AGENT ADDRESS	PHONE ZIP CODE
C.	APPLICANT ADDRESS	PHONE ZIP CODE
	AGENT ADDRESS	PHONE ZIP CODE

7. We acknowledge receipt of the instruction sheet explaining the method of submitting this application. We realize that this application cannot be processed unless it is completely filled in; is accompanied by a current abstractor's certificate as required in the instruction sheet; and is accompanied by the appropriate fee. We further certify that the foregoing information is true and correct to the best of our knowledge. We acknowledge that the MAPC, Governing Body, or Board of Zoning Appeals shall have authority to impose such conditions as it deems necessary in order to serve the public interest and welfare.

_____ Applicant's Signature	By	_____ Authorized Agent (If Any)
_____ Applicant's Signature	By	_____ Authorized Agent (If Any)
_____ Applicant's Signature	By	_____ Authorized Agent (If Any)

The Petition must bear the signature(s) of the property owner(s). If an authorized agent signs on the owner's behalf, the agent shall sign his own name and attach the owner's written notarized authorization to this application.

FOR OFFICE USE ONLY

Map _____ Zoning (N) _____ (S) _____ (E) _____ (W) _____ MAPC/BZA _____ Township _____
Council/Commission District _____ DAB _____ Sm. City PC _____
NA/HOA _____
Date _____ Fee _____ Received By _____

Required Documents:

☐ Ownership List ☐ BZA Justification ☐ Legal Description ☐ Vacation Petition ☐ Site Plan ☐ Signs